

**THIS DECISION HAS BEEN APPEALED. THE
FOLLOWING IS THE RELATED SOAH DECISION NUMBER:**

SOAH DOCKET NO. 453-03-4229.M2

MDR Tracking Number: M2-03-1308-01
IRO Certificate# 5259

July 1, 2003

An independent review of the above-referenced case has been completed by a medical physician [board certified] in physical medicine and rehabilitation. The appropriateness of setting and medical necessity of proposed or rendered services is determined by the application of medical screening criteria published by ___ or by the application of medical screening criteria and protocols formally established by practicing physicians. All available clinical information, the medical necessity guidelines and the special circumstances of said case was considered in making the determination.

The independent review determination and reasons for the determination, including the clinical basis for the determination, is as follows:

See Attached Physician Determination

___ hereby certifies that the reviewing physician is on Texas Workers' Compensation Commission Approved Doctor List (ADL). Additionally, said physician has certified that no known conflicts of interest exist between him and any of the treating physicians or providers or any of the physicians or providers who reviewed the case for determination prior to referral to ___.

CLINICAL HISTORY

This is a lady who sustained a minor contusion to the lower extremity. There was a reported swelling to the foot and ankle. ___ who made the diagnosis of contusion saw her. Radiographs were negative. The symptoms worsened and the physical examination was unchanged. The treatment was medications and rest. Bone scan was somewhat positive, but not in correlation with the injury sustained. Shortly after the compensable event, the claimant was involved in a MVA. The lower extremity injury was apparently not worsened with this event. MRI, electrodiagnostic, and physical examination assessments were essentially normal. There were complaints of a dysesthetic type pain. In consultation, ___ diagnosed a seroma.

REQUESTED SERVICE (S)

Purchase of RS4i stimulator, interferential & muscle stimulator

DECISION

Uphold denial- endorse the determination made by the carrier.

RATIONALE/BASIS FOR DECISION

This was a contusion that developed a minor seroma. The symptoms far exceed the actual physical findings. The device sought is not designed to treat contusion or seroma. There is no clinical indication for the need for a passive device to treat the

changes associated with the seroma. As noted by ____, the finding could be present for more than a year. The generally accepted treatment for this is normal activity; home based exercise and generalized conditioning protocol and active measures. Passive devices and electro-stimulation is not the prevailing standard of care for a seroma.

Noting the date of the injury, the physical findings and the diagnosis made, active rather than passive modalities is what is indicated at this time. Thus, beyond not being the prevailing standard of care, there is no reasonable and necessary clinical indication for the purchase of this device. Aside from the vendor generated forms, there is no mention in the physician progress notes that this device is warranted or indicated.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **10** (ten) calendar days of your receipt of this decision (20 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) calendar days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This decision is deemed received by you 5 (five) days after it was mailed or the date of fax (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing and a **copy of this decision** must be sent to:

Chief Clerk of Proceedings/Appeals Clerk
Texas Workers' Compensation Commission
P.O. Box 17787
Austin, Texas 78744

Or fax the request to (512) 804-4011. A copy of this decision must be attached to the request.

The party appealing the decision shall deliver a copy of its written request for a hearing to the opposing party involved in the dispute.

In accordance with Commission Rule 102.4(h), I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on this 2nd day of July 2003.